



EV 217709602 US

Mailing Label  
Label 11-F June 2002**EXPRESS  
MAIL**

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		
<b>CUSTOMER USE ONLY</b> METHOD OF PAYMENT: Express Mail Corporate Acct. No.			Federal Agency Acct. No. or Postal Service Acct. No.		
FROM: (PLEASE PRINT) Angela L. Young BAKER & MCKENZIE 2001 ROSS AVE STE 2300 DALLAS TX 75201-2968 cmt # 68146988.714 Hyperion Solutions			TO: (PLEASE PRINT) mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		

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